



APPLICATION
for the
Florida Department of Environmental Protection
(DEP) 2020 Plant Operations Excellence Awards
for
Domestic Wastewater Facilities

The deadline for submitting
an application is
November 13, 2020
Submit this application to
the delegated local program
or DEP office that regulates
your system.

I. AWARD CATEGORY

- | | | | |
|------------------------|------------------------------------|------------------------------------|------------------------------------|
| A. Facility Type | Type I <input type="checkbox"/> | Type II <input type="checkbox"/> | Type III <input type="checkbox"/> |
| B. DEP District Office | Northwest <input type="checkbox"/> | Southwest <input type="checkbox"/> | Northeast <input type="checkbox"/> |
| | Southeast <input type="checkbox"/> | Central <input type="checkbox"/> | South <input type="checkbox"/> |

II. FACILITY IDENTIFICATION

- | | |
|------------------------------|-------|
| A. Facility Name | _____ |
| B. DEP Identification Number | _____ |

III. AWARD NOTIFICATION

A. Permittee/Owner

- | | |
|------------------------|-------|
| Name | _____ |
| Email | _____ |
| Organizational Title | _____ |
| Organizational Address | _____ |

B. Application Contact

- | | |
|-------------------|-------|
| Name | _____ |
| Email | _____ |
| Title | _____ |
| Address/Telephone | _____ |

IV. PLANT FLOWS

Enter the value and the basis (e.g. annual average daily flow, monthly average daily flow, three-month average daily flow, etc.) for each requested flow. The basis for A. and C. should be the same.

- A. Permitted Flow (state basis) _____ MGD _____
- B. 2019 Peak Flow _____ MGD maximum daily
- C. 2019 Actual Flow (state basis) _____ MGD _____

V. RECLAIMED WATER OR EFFLUENT QUALITY

- A. Number of DEP Violations _____ Jan 2014 – Dec 2016

Recent compliance history will be reviewed as part of the application review process. _____ Jan 2017 – Dec 2019

- B. Explain any DEP violation(s) occurring between 1/14 and 12/19 including the date, type, cause(s) for the violation(s), and facility’s action to resolve the violation(s).

VI. BIOSOLIDS QUALITY

- A. Method of Biosolids Use/Disposal
 - Land Application
 - Distribution / Marketing
 - Landfill
 - Incineration/Bioenergy
 - Transfer

- B. If biosolids are land applied, what type of pathogen reduction is provided? A B

- C. If biosolids are land applied or distributed/marketed, provide the annual average for the pollutant parameters for the last year.

Parameter	Annual Average	Units
Arsenic		mg/kg dry weight
Cadmium		mg/kg dry weight
Copper		mg/kg dry weight
Lead		mg/kg dry weight
Mercury		mg/kg dry weight
Molybdenum		mg/kg dry weight
Nickel		mg/kg dry weight
Selenium		mg/kg dry weight
Zinc		mg/kg dry weight

- D. Does this facility comply with the pathogen reduction/vector attraction requirements of 40 CFR Part 503?
 - Yes
 - No
 - NA

VII. RECORDKEEPING AND REPORTING

A. Were the following reports submitted in a timely manner and in accordance with Department rules?

- 1. Discharge Monitoring Reports Yes No NA
- 2. Ground Water Monitoring Reports Yes No NA
- 3. Reclaimed Water or Effluent Analysis Reports Yes No NA
- 4. Treatment Facility Biosolids Annual Summary Yes No NA

B. Did you take and report all samples required by the permit or Department rules? Yes No

C. Are the following records up-to-date and available to all operators at a convenient location?

- 1. Record Drawings (Plans and Specifications) Yes No
- 2. Operation and Maintenance Manuals Yes No
- 3. Daily Operation and Maintenance Logs Yes No
- 4. Domestic Wastewater Facility Permit Yes No

D. Do operation and maintenance manuals include the following?

- 1. Procedures for Normal Operation, Process Control, and Troubleshooting Yes No
- 2. Maintenance and Repair Procedures (Including a List of Recommended Spare Parts and Supply Inventories)
 Yes No
- 3. Monitoring Procedures Yes No
- 4. Safety Procedures Yes No
- 5. Emergency Operating Procedures Yes No

VIII. OPERATOR STAFFING

A. During the last 12 months, has this facility been staffed in accordance with the requirements of Chapter 62-699, F.A.C.?

- Yes No

B. Classification of Lead or Chief Operator

C. Number of Operators on Staff

A____B____C____D____

IX. FINANCING

List the user charge fees and describe the criteria for households, industries, and other user categories.

X. INFRASTRUCTURE

A. If known, provide the plant's original design flow and basis _____MGD_____, level of treatment _____, and year that operations were initiated_____.

B. Provide the year and description of any significant plant and sewer upgrades and expansions.

C. Have all capacity analysis reports and updates to the capacity analysis reports, as required by Rule 62-600.405, F.A.C., been submitted to the Department?

- Yes No

If not, explain.

D. Have planning, design, and construction of wastewater facility expansions been timely and in accordance with Rule 62-600.405, F.A.C.?

- Yes No

If not, explain.

E. Have all improvements recommended by the facility's most recent operation and maintenance report been made?

- Yes No

If not, explain.

- F. Complete and attach at the end of this application a **Layout Sketch of the Treatment Facility** using a Flow Process Diagram to identify the effluent/reclaimed water and biosolids treatment processes.
- G. Complete and attach at the end of this application a **Service Area Layout Sketch**. Draw a conceptual sketch (provides relative position but need not be dimensionally correct nor accurately scaled) which depicts and identifies, as applicable: the significant sewered and unsewered communities and industrial parks; the plant; the reuse or disposal systems; the discharge surface waters; and the reclaimed water or effluent and biosolids application areas.

H. Collection and Transmission System

- 1. Operation and Maintenance Program (Describe goals, staffing, funding, scheduled inspection, cleaning and repairs.)

- 2. Infiltration and Inflow (Describe conditions of and problems caused by infiltration and inflow during wet and dry weather, including: overflows and bypasses; violation of reclaimed water and effluent limitations; and detection and correction techniques used to remedy problems.)

- 3. Collection and Transmission System Overflows (Provide information on overflows and bypasses experienced during the past 3 years, including: frequency of the overflows, its causes, and corrective/preventive actions taken.)

- 4. Sewer Use Ordinance (Describe specific prohibitions and enforcement strategies.)

- 5. Structural Integrity (Describe the severity of sulfide corrosion and broken and collapsed sewers.)

XI. SUMMARY OF AWARD JUSTIFICATION NARRATIVE

Provide a one page or less narrative that summarizes how the facility’s performance has excelled over the past three years including how this represents DEP’s values of accountability, innovation, communication, service, and integrity. Include at least three, up-to-date photographs (no brochures or photocopies) which depicts these operation and maintenance practices. Include captions with photographs.

XII. OUTSTANDING/INNOVATIVE OPERATION AND MAINTENANCE PRACTICE NARRATIVE

The applicant should provide narratives consisting of five key operation and maintenance topics. Each narrative should be two pages or less.

The applicant should explain the outstanding and innovative operation and maintenance practices that have contributed to the plant's success. Recommended operation and maintenance topics include:

- *Process Control and Field Monitoring
- *Equipment Maintenance Management
- *Laboratory Management
- *Pollution Prevention
- *Biosolids Management
- *Septage Management
- *Toxic Waste Controls
- *Collection System Controls
- *Collection System Maintenance Management
- *Financial Management
- *Public Education
- *Automation
- *Safety Education
- *Plant Staffing and Training
- *Operation and Maintenance Reviews and Best Management Practices Fats, Oils and Grease Handling

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Service Area Layout
(Photocopies are acceptable.)

Plant Name: _____ DEP Facility Identification Number: _____

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Layout Sketch of the Treatment Facility
(Photocopies are acceptable.)

Plant Name: _____ DEP Facility Identification Number: _____